

Board of Medical Licensure & Supervision – Agency 450
2015 Report to State Senate Subcommittee on Select Agencies

AGENCY MISSION STATEMENT:

Here a simple statement of the adopted mission of the agency should be provided, along with the entity or person(s) who adopted the mission statement and when it was adopted.

On behalf of the people of Oklahoma, the state legislature created the Oklahoma Board of Medical Licensure and Supervision to regulate the practice of medicine, issue licensure where appropriate, and in general, assure the public that the practice of medicine will be conducted with reasonable skill and safety.

The agency was mandated in 1923 to license qualified individuals to practice medicine. Since then, other health care professions have been added to the agency's jurisdiction and the board has been further charged by the Oklahoma Legislature to enforce laws related to medical practice by disciplinary action.

To promote the Health, Safety and Well-being of the citizens (patients) of Oklahoma by requiring a high level of qualifications, standards and continuing education for licenses regulated by Oklahoma Medical Board. To protect the on-going Health Safety and Well-being of the citizens (patients) of Oklahoma by investigating complaints, conducting public hearings, effectuating and monitoring disciplinary actions against any of the licensed professionals, while providing the licensee with proper due process and all rights afforded under the law. To provide any member of society upon request, a copy of the specific public records and information on any of the licensed professionals.

Medical Board's Vision

To ensure that qualified health care professionals are available to the citizens of Oklahoma.

Medical Board's Values and Behaviors

We take pride in our agency's ability to ensure that qualified healthcare professionals are available to the citizens of this state. We will perform our responsibilities with integrity and professionalism. We recognize the importance of personal and professional development for each employee and we will seek ways to expand their knowledge and capabilities.

We will be responsive to the needs of the potential licensees. The agency strives to process an application for licensure within a reasonable length time.

We are committed to protecting the public from the aberrant practices of any licensed professional. We will be sensitive to the complaints from anyone concerning a professional licensed by the agency. Complaints in any form and from any source will be reviewed, acknowledged and adjudicated to some conclusion within a conservative time period.

We will respond in a timely manner to anyone needing services and/or information from the agency in person or by telephone, fax, e-mail, postal mail or the Internet. We value our ability to serve the public by providing useful and easily accessible information.

All public records are available for review and all board meetings are open to the public.

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LEAD ADMINISTRATOR:

Here the name, title and contact information for the lead administrative person should be listed.

Lyle R. Kelsey, Executive Director
101 NE 51st ST
Oklahoma City, OK 73105
[*lkelsey@okmedicalboard.org*](mailto:lkelsey@okmedicalboard.org)

GOVERNANCE:

Here a brief description of the agency's governance structure should be provided. Is the agency headed by a Governor appointee? An appointee of an independent board? Who selects the board, and who are the current members of the board.

The agency is headed by appointee of an independent board.
Governor selects the board

The current board members are as follows:

<i>John William "Bill" Kinsinger, MD, President</i>	<i>Oklahoma City, OK</i>
<i>Lee Schoeffler, MD, Vice President</i>	<i>Broken Arrow OK</i>
<i>Deborah Huff, MD</i>	<i>Oklahoma City, OK</i>
<i>J Andy Sullivan, MD</i>	<i>Oklahoma City, OK</i>
<i>Riaz Sirajuddin, MD</i>	<i>Oklahoma City, OK</i>
<i>Ann Warn, MD</i>	<i>Lawton OK</i>
<i>Mr Hank Ross</i>	<i>Chickasha, OK</i>
<i>Mr. Chuck Skillings</i>	<i>Shawnee, OK</i>

Does the Board have any committees or subgroups? If so, please provide a detailed listing of the subgroups and their areas of focus.

Athletic Trainer Advisory Committee
Advisory Committee on Dietetic Registration
Advisory Committee on Registered Electrologists
Allied Peer Assistance Committee
Anesthesiologist Assistants Committee
Occupational Therapy Advisory Committee
Advisory Committee on Orthotics and Prosthetics
Advisory Committee on Pedorthics
Physical Therapy Committee

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Physician Assistant Committee
Radiologist Assistant Advisory Committee
Respiratory Care Advisory Committee
Therapeutic Recreation Committee

Athletic Trainers - "Athletic trainer" means a person with the qualifications specified in Section 530 of this title, whose major responsibility is the rendering of professional services for the prevention, emergency care, first aid and treatment of injuries incurred by an athlete by whatever methods are available, upon written protocol from the team physician or consulting physician to effect care, or rehabilitation.

Athletic Trainer's Assistant - "Apprentice athletic trainer" means a person who assists in the duties usually performed by an athletic trainer under the direct supervision of a licensed athletic trainer.

Licensed Dietitian - "Dietetics" means the professional discipline of applying and integrating scientific principles of nutrition pursuant to different health, social, cultural, physical, psychological, and economic conditions to the proper nourishment, care, and education of individuals or groups throughout the life cycle. The term includes the development, management, and provision of nutritional services. "**Licensed dietitian**" means a person licensed pursuant to the provisions of the Licensed Dietitian Act.

Provisional Licensed Dietitian - "Provisional licensed dietitian" means a person who has a limited license pursuant to the provisions of the Licensed Dietitian Act.

Occupational Therapist - "Occupational therapy" is a health profession for which practitioners provides assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health. Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills, using standardized or adapted techniques, designing, fabricating, and applying selected orthotic equipment or selective adaptive equipment with instructions, using therapeutically applied creative activities, exercise, and other media to enhance and restore functional performance, to administer and interpret tests which may include sensorimotor evaluation, psycho-social assessments, standardized or non-standardized tests, to improve developmental skills, perceptual motor skills, and sensory integrative function, and to adapt the environment for the handicapped. These services are provided individually, in groups, or through social systems;

Occupational Therapist's Assistant - "Occupational therapy assistant" means a person licensed to provide occupational therapy treatment under the general supervision of a licensed occupational therapist.

Orthotists - "Orthotist" means a person who evaluates, measures, designs, fabricates, assembles, fits, adjusts, or services an orthosis as prescribed by a licensed physician for the support or correction of disabilities caused by neuro-musculoskeletal diseases, injuries, or deformities. "**Orthosis**" means a custom-fabricated or custom-fitted brace or support designed to provide for alignment, correction, or prevention of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity, not excluding those of the foot; provided, however, "orthosis" does not include soft goods such as fabric or elastic supports, corsets, arch supports, low-temperature plastic splints, trusses, elastic hose, canes, crutches, soft cervical collars, dental appliances, or essentially equivalent devices commonly sold as over-the-counter items requiring no professional advice or judgment in either size selection or use.

Prosthetist - "Prosthetist" means a person who evaluates, measures, designs, fabricates, fits, or services prosthesis as prescribed by a licensed physician for the replacement of external parts of the human body lost due to amputation or congenital deformities or absences. "**Prosthesis**" means an artificial medical device that is not surgically implanted and that is used to replace a missing limb, appendage, or another external human body part including an artificial limb, hand, or foot; provided, however, "prosthesis" does not include artificial eyes, ears, fingers, toes, dental appliances, cosmetic devices such as artificial breasts, eyelashes, or wigs, or other devices that do not have a significant impact on the musculoskeletal functions of the body.

Registered Prosthetics/Orthotics Assistant - "Registered prosthetist/orthotist assistant" means a person registered under the Orthotics and Prosthetics Practice Act who, under the direct supervision of a licensed orthotist or prosthetist, assists with patient care services or the fabrication of orthoses or prostheses.

Registered Prosthetics/Orthotics Technician - "Registered prosthetic/orthotic technician" means a person registered under the Orthotics and Prosthetics Practice Act who, under the direct supervision of a licensed orthotist or prosthetist, assists with the fabrication of orthoses or prostheses but who does not provide direct patient care.

Pedorthist - "Practice of pedorthics" means the practice, pursuant to a written prescription from a physician when addressing a medical condition, of evaluating, planning treatment, measuring, designing, fabricating, assembling, fitting, adjusting, managing of the patient, or servicing necessary to accomplish the application of a pedorthic device for the prevention or amelioration of painful and/or disabling conditions of the foot and ankle.

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Physician Assistant - "Physician assistant" means a health care professional, qualified by academic and clinical education and licensed by the State Board of Medical Licensure and Supervision, to provide health care services in any patient care setting at the direction and under the supervision of a physician or group of physicians.

Physical Therapists - "Practice of physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry or podiatry, or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy. Physical therapy includes screening or evaluations performed to determine the degree of impairment of relevant aspects such as, but not limited to, nerve and muscle function including transcutaneous bioelectrical potentials, motor development, functional capacity and respiratory or circulatory efficiency. Physical therapy also includes physical therapy treatment performed including, but not limited to, exercises for increasing or restoring strength, endurance, coordination and range of motion, stimuli to facilitate motor activity and learning, instruction in activities of daily living and the use of assistive devices and the application of physical agents to relieve pain or alter physiological status. The use of roentgen rays and radium for diagnostic or therapeutic purposes, the use of electricity for surgical purposes, including cauterization and colonic irrigations are not authorized under the term "physical therapy" as used in this chapter.

Physical Therapist's Assistants - "Physical therapist assistant" means a person who assists in the practice of physical therapy subject to the direction and supervision of a licensed physical therapist, who meets all the educational requirements, and who is licensed pursuant to the provisions of the Physical Therapy Practice Act.

Radiologist Assistant – "radiologist assistant" licensed by the State Board of Medical Licensure and Supervision practices radiology assistance under the direct supervision of a physician licensed by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners and certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

Registered Electrologist - "Registered Electrologist" means a person licensed to practice electrolysis pursuant to the Registered Electrologist Act. "**Electrolysis**" means the practice of using an electrosurgical apparatus to accomplish permanent hair removal by inserting electric current into the hair follicle thereby destroying living tissue and germinative hair cells.

Respiratory Care Practitioner - "Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall also include the terms "inhalation therapy" and "respiratory therapy". The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment.

"Respiratory therapist" means an individual who has graduated from a respiratory therapist program that is accredited by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

Therapeutic Recreation Specialist - "Therapeutic recreation" or "recreation therapy" means the specialized application of recreation to assist with the treatment and/or maintenance of the health status, functional abilities, recreational and leisure activities and ultimately quality of life for individuals hospitalized and/or receiving treatment for various diagnoses and individuals with disabilities. For purposes of accomplishing therapeutic recreation goals, therapeutic recreation may include:

- (1) Remediating or restoring an individual's participation levels in recreational and leisure activities that are limited due to impairment in physical, cognitive, social or emotional abilities,
 - (2) analyzing and evaluating recreational activities to determine the physical, social, and programmatic elements necessary for involvement and modifying those elements to promote full participation and maximization of functional independence in recreational and leisure activities, and
 - (3) using recreational modalities in designed intervention strategies to maximize physical, cognitive, social, or emotional abilities to promote participation in recreational and leisure activities.
- b. For purposes of accomplishing therapeutic recreation goals, therapeutic recreation services include, but are not limited to:
- (1) Conducting an individualized assessment for the purpose of collecting systematic, comprehensive, and accurate data necessary to determine the course of action and subsequent individualized treatment plan,
 - (2) Planning and developing the individualized therapeutic recreation treatment plan that identifies an individual's goals, objectives, and potential treatment intervention strategies for recreational and leisure activities,
 - (3) Implementing the individualized therapeutic recreation treatment plan that is consistent with the overall treatment program,

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- (4) Systematically evaluating and comparing the individual's response to the individualized therapeutic recreation treatment plan and suggesting modifications as appropriate,*
- (5) Developing a discharge plan in collaboration with the individual, the individual's family, treatment team, and other identified support networks where appropriate,*
- (6) Identifying and training in the use of adaptive recreational equipment,*
- (7) Identifying, providing, and educating individuals to use recreational and leisure resources that support a healthy, active and engaged life,*
- (8) Minimizing the impact of environmental constraints as a barrier to participation in recreational and leisure activities,*
- (9) Collaborating with and educating the individual, family, caregiver, and others to foster an environment that is responsive to the recreational and leisure needs of the individual, and*
- (10) Consulting with groups, programs, organizations, or communities to improve physical, social, and programmatic accessibility in recreational and leisure activities;*

PHYSICIAN ASSISTANT ADVISORY COMMITTEE

Charles E Womack, MD, Chairman Representing Oklahoma State Medical Association Oklahoma City, OK
Don Flinn, PA Oklahoma City, OK

Dennis Carter, DO, Representing Oklahoma State Board of Osteopathic Examiners Tulsa, OK
Lindsey Gillispie, PA Edmond, OK

Clay W. Moore, D.Ph. Edmond, OK

Gerald Wootan, DO Jenks, OK

Riaz Sirajuddin, MD Oklahoma City, OK

Shannon D. Ijams, MPAS, PA-C, Interim Program Director, Representing PA Program, OU School of Community Medicine, Tulsa

Todd Doran, PA, Representing OU Physician Associate Program Oklahoma City, OK

ATHLETIC TRAINERS ADVISORY COMMITTEE

Jeff McKibbin, AT, Chairman Edmond, OK

Keith Chlouber, AT, Representing Oklahoma City, OK

Barry L. Northcutt, MD Edmond, OK

Alex Brown, AT Norman, OK

Marguerite Winslow Weston, MD Edmond, OK

MEMBERS PHYSICAL THERAPY ADVISORY COMMITTEE

Carolyn K. Craven, DPT, PT, Chairwoman Oklahoma City OK

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David Haynes, PT, AT, Vice Chair *Norman, OK*

Randy Titony PTA *Edmond, OK*

Mitsy Martin, PT *Oklahoma City OK*

Public member position vacant

OCCUPATIONAL THERAPY ADVISORY COMMITTEE

Kari Garza OT, Chair *Lawton, OK*

Troy Lee, OT, Vice Chair *Tulsa, OK*

Mary White, OT *Moore, OK*

Kim Hancock, OTA *Ardmore, OK*

Ms. Wilma Cooper, Consumer Member *Mustang, OK*

ADVISORY COMMITTEE ON DIETETIC REGISTRATION

Carol F. Beier, MS, RD/LD, Chairwoman *Stillwater, OK*

Misti Leyva, LD *Oklahoma City, OK*

Lisa Reily, LD *Oklahoma City, OK*

John William “Bill” Kinsinger, MD *Edmond, OK*

Public Member position vacant

REGISTERED ELECTROLOGIST ADVISORY COMMITTEE

Carrie Dooly, RE *Tulsa, OK*

Nancy Casteel, RE *Oklahoma City, OK*

Sara Crews, RE *Norman, OK*

RESPIRATORY CARE ADVISORY COMMITTEE

Dean Wersal, RCP, Chairman *Tulsa, OK*

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<i>Jim Porterfield, RCP, Vice Chair</i>	<i>Edmond, OK</i>
<i>Melody Beard, RCP</i>	<i>Moore, OK</i>
<i>Vickie Nation, RCP</i>	<i>Yukon, OK</i>
<i>Betty Fisher</i>	<i>Okla. City, OK</i>
<i>Justin S Sparkes, DO</i>	<i>Edmond, OK</i>
<i>Carl B Pettigrew, DO</i>	<i>Oklahoma City, OK</i>
<i>Matthew Britt, MD</i>	<i>Oklahoma City, OK</i>
<i>Deborah Huff, MD</i>	<i>Oklahoma City, OK</i>

ADVISORY COMMITTEE ON ORTHOTICS AND PROSTHETICS

<i>Jonathan Day, LPO, Chair</i>	<i>Oklahoma City OK</i>
<i>Chad Simpson, LPR, Vice Chair</i>	<i>Tuttle, OK</i>
<i>J Andy Sullivan, MD</i>	<i>Oklahoma City, OK</i>
<i>Public Member</i>	
<i>Dee McKasson, LO</i>	<i>Oklahoma City OK</i>
<i>Daniel Thies, LO</i>	<i>Jenks, OK</i>
<i>Ruth Caine</i>	<i>Midwest City, OK</i>

ADVISORY COMMITTEE ON PEDORTHICS

<i>Trent Wallace, DPM, Chairman</i>	<i>Oklahoma City, OK</i>
<i>Robert Hewett, L.Ped</i>	<i>Washington, OK</i>
<i>John Shero, L Ped</i>	<i>Granbury, TX</i>
<i>Mr. Todd Price</i>	<i>Washington, OK</i>
<i>Medical Board position vacant</i>	

RADIOLOGIST ASSISTANTS ADVISORY COMMITTEE

<i>Randall Stickney, MD, Chairman</i>	<i>Tulsa, OK</i>
<i>Anthony W Wallace, Vice Chair</i>	<i>Tulsa, OK</i>
<i>Randall Jackson</i>	<i>Tulsa, OK</i>
<i>Amy Kirby, MD</i>	<i>Oklahoma City, OK</i>

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Dr Jay Cunningham, DO Osteopathic Board Member Oklahoma City, OK

DO Position unfilled

ANESTHESIOLOGIST ASSISTANTS ADVISORY COMMITTEE

Ervin Yen, MD Oklahoma City, OK

John William “Bill” Kinsinger, MD Oklahoma City, OK

Jay Cunningham, DO Oklahoma City, OK

Ryan Hulver, DO Tulsa, OK

John Barnes, MD Tulsa, OK

Michael Morykwas, AA Tulsa, OK

THERAPUETIC RECREATION COMMITTEE

Ruth Stacey, TRS Mounds, OK

Tim Passmore, TRS, Ed.D. Stillwater, OK

Jerel Cowan, Ph.D. Edmond, OK

Pedro Velasco Stillwater, OK

Angela Roberts, TRS Oklahoma City, OK

Oklahoma State Board of Medical Licensure and Supervision

GOVERNANCE ACCOUNTABILITY:

Is there an attendance policy for board members/commissioners? If so, is it being followed?

N/A

MODERNIZATION EFFORTS:

Please provide a listing of all government modernization efforts undertaken by the agency since July 1, 2010. Additionally, please provide any authorizing statutory changes that prompted the modernization efforts and whether those efforts have led to cost savings or additional cost burden.

1. *Online Initial License Applications/Enhancement to incorporate Federation of State Medical Board's Uniform Application (FSMB UA) data merge:*
 - Significant cost and processing time savings for Board not having to reenter data from paper application forms.
 - FSMB UA integration, **first Board in the country to implement**, saves MD applicants not having to reenter their application for Oklahoma license plus they have an opportunity to complete Oklahoma addendum electronically.
2. *Enhanced Web-based "primary source verification service.":*
 - Merging Board of Osteopathic (DO) licensure/disciplinary action data with existing Medical Board's subscriber service enabled one-stop primary source verification opportunity for subscribers.
 - Subscribers; to include all healthcare entities, health insurance carriers, local/state and federal government entities, and others benefit in cutting application processing time, timely notification of actions taken by Boards, etc.
3. *Automate Accounts Receivable (AR) tasks:*
 - Automatically generate and email AR invoices and monthly AR statements in PDF.
 - AR customers make payment online using "Bill-pay" website. Payments are deposited automatically with the treasurer and posted to customer account.
 - Checks received are deposited using Remote Deposit Capture scanner (RDC) eliminating errors and need to make deposit runs to bank.
4. *Electronic Board Notebook – E-Board meeting:*
 - Board members login to secured site to download e-Notebooks to iPads for review prior to Board meeting and during meetings. Eliminating need for Board to prepare and mail bulky books.

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5. *QR Coding on Wallet card:*

- Licensees' wallet cards have a unique QR code that once scanned using any smart phone device will go directly to website search result for full current profile review. This feature helps credentialing staff in keeping their files current. Also, during an emergency the licensee can proof their identity from the original source.

6. *Online complaint submission:*

- Public can submit complaints online without having to obtain a paper form and incur mailing cost, etc. Also, upon submission the complainant will receive an email confirmation and information on complaint process and contact numbers.
- Staff does not have to data entry complaints in the database.
- This system allows 100% accountability for all complaints received.

7. *Scanning of Inactive licensee files:*

- Contract with OCI for scanning all Inactive licensee files. This enable faster search of inactive licensee files for re-instatement applications. Also, use less storage space in future.

What steps has the agency taken to cut costs and/or eliminate waste? Are there efforts that have been successful which you believe could serve as a model for other state agencies seeking to keep costs minimal?

Oklahoma Board of Medical Licensure & Supervision, over the past twenty-five years, follows a customer –focused task improvement system. We believe in and practice in “Lean management philosophy” by improving process by eliminating waste or duplicate efforts.

Following are milestones achieved:

- *Online renewal & Initial application of all professions – SUPPORTED BY 24/7 LIVE HELPDESK.*
- *Electronic renewal notifications*
- *Web services to other stakeholders – “Subscriber Services”*
- *Electronic Board notebook*
- *E-circularization of applications and complaints*
- *Database integration – Licensing/Investigation/Business Office/Legal & Executive dept.*
- *E-Accounts Receivable Statements/Invoices*
- *Online Bill Pay*
- *Remote deposit Capture (RDC)*
- *Web-based educational events for public/licensees*
- *Webinars, teleconferences & e-commuting for Staff*
- *Outsourced – (Affinity) Probation/Agreement testing & tracking*
- *QR Coding wallet cards*

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- *Four (4) NEW projects in progression at present...*

Results:

- *22% Reduction in total Staff employed*
- *Accommodate 68% increase in licensees regulated*
- *36% reduction in median days from application to license*
- *Public record request: timeline – cut from two weeks to 24 hours*
- *42% reduction in late renewal of licensee*
- *Reduction in operational cost like mailing, stationery, etc.*
- *Elimination of multiple data entry – real time notification of status change – elimination of “waste”*
- *Prompt A/R collections - Increase cash flow*
- *Heighten positive image*

CORE MISSION:

What services are you required to provide which are outside of your core mission?

- **Informed Consent Law – “A Woman’s Right to Know” -The law of the State of Oklahoma (Title 63, Section 1-738.2 - <http://www.awomansright.org/>**
- **Allied Professional Peer Assistance Program - Title 59, Section 518.1 <http://okassist.org/>**
- **Health Care Providers' Responsibilities and Rights Under Certain Medical Treatment Laws. Title 63, Oklahoma Stat. Ann, Section 3162 <http://www.okmedicalboard.org/download/738/HEALTH+CARE+PROVIDERS+BROCHURE+NOV+2014+FINAL508.pdf>**

Are any services you provide duplicated or replicated by another agency?

N/A

Are there services which are core to your mission which you are unable to perform because of requirements to perform non-core services elsewhere?

N/A

PRIVATE ALTERNATIVES:

Are any of the services which are performed by the agency also performed in the private sector in Oklahoma? In other states? Has the agency been approached by any foundation, for-profit or not-for-profit corporation with efforts to privatize some of the functions of the agency?

N/A